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CONFIRMATION NO. 5707

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|------------------------------------|---------------------------------------------------------------|---------------------|-------------------------------|--------------------------------------------------------------|
| <b>SERIAL NUMBER</b><br>10/675,129 | <b>FILING OR 371(c)<br/>DATE</b><br>09/30/2003<br><b>RULE</b> | <b>CLASS</b><br>370 | <b>GROUP ART UNIT</b><br>2619 | <b>ATTORNEY<br/>DOCKET NO.</b><br>YOR920030236US2<br>(16773) |
|------------------------------------|---------------------------------------------------------------|---------------------|-------------------------------|--------------------------------------------------------------|

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/476,509 06/06/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 12/22/2003

|                                                                                                                                       |                                   |                                |                               |                                    |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no                                                     | <b>STATE OR<br/>COUNTRY</b><br>CT | <b>SHEETS<br/>DRAWING</b><br>6 | <b>TOTAL<br/>CLAIMS</b><br>41 | <b>INDEPENDENT<br/>CLAIMS</b><br>4 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                   |                                |                               |                                    |
| Verified and Acknowledged                                                                                                             | Examiner's Signature              | Initials                       |                               |                                    |

**ADDRESS**

877

**TITLE**

ONE-BOUNCE NETWORK

|                                        |                                                                                                                   |                                                                                                                                                                                                                                                                                 |
|----------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>FILING FEE<br/>RECEIVED</b><br>1512 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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